<b>S</b>	
each in	ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS Registered No. 37
ზ ∥	1. PLACE OF BIRTH.  STANDARD CERTIFICATE OF BIRTH  State Cupping
og G	County
the number	Oistrict or Township
	2. Full name of child
made for each, and	3. Sex of Child To be answered ONLY at Twin, triplet or other
t be made	8. FATHER Full name Gust Dullas  14. MOTHER Full maiden name & muna Martines
URN mustrated.	9. Residence (Usual place of abode)  If non-resident, give place and state.  13 Residence (Usual place of abode)  If non-resident, give place and state.
TE RETU birth st	10. Color or race  10. Color or race  11. Age at last birthday 34 (Years)  12. Age at last birthday 17. Age at last birthday 19. (Years)
a SEPARA order of	12. Birthplace (city or place) Luce 18. Birthplace (city or place) Banoneva.  (State or country) (State or country)
at a birth, s	18. Occupation Nature of industry Neture of industry Nature of industry Nature of industry
ne child	20. Number of children of this mother
than o	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 4.00 Pm. on the date above stated  [Born alive or stillborn.]
case of more	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Signature  CHysician or midwife).
	Given name added from a supplemental report Month, day, year
z	Rogistrar
	712 404-217

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